## SUMMER FOOD SERVICE PROGRAM START-UP PAYMENT REQUEST FORM

## CFR 7 225.9

(a) *Start-up payments*. At their discretion, State agencies may make start-up payments to sponsors which have executed Program agreements. Start-up payments shall not be made more than two months before the sponsor is scheduled to begin food service operations and shall not exceed 20 percent of the sponsor's approved administrative budget. The amount of the start-up payment shall be deducted from the first advance payment or, if the sponsor does not receive advance payments, from the first reimbursement.

| Sponsor Name:   | Vendor Number:   |
|---|--|
| Address:  | City, State, Zip Code:   |
|   |  |
| Name of Authorized Representative:  | Telephone Number:  |
| Type of Organization: Public Institution (**Please note if tax exempt attach documentation of Code) | Private Non-Profit tax-exempt* 501( c )( 3 ) of the Internal Revenue |

| s.<br>nd<br>your<br>lditional |
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| administer SFSP, and plans for reviews and training of site staff, management of food service. (Attach additional pages if necessary) |  |  |  |  |  |
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## **Certification:**

| I hereby certify that the information provided in connection with this application is true |
|--|
| and correct to the best of my knowledge and agree that any misrepresentation or false      |
| statement made in connection with this application will be grounds for denial of this      |
| application for start-up funds.  |

By signing this agreement I certify that I am authorized by the applying entity to apply for start-up and/or expansion funds and provide the requested information contained herein.

| Name of Authorized Representative      | Title    |  |  |
|--|----------|--|--|
| Signature of Authorized Representative | <br>Date |  |  |